SEC 1972 Potential persons who are to respond to the collection of information contained in this (6-02)form are not required to respond unless the form displays a currently valid OMB control number.

## **ATTENTION**

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption state exemption unless such exemption is predicated on the filing of a federal notice.

PROCESSED

FEB 0 7 2003

THOMSON FINANCIAL

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

OMB Number: 3235-0076 Expires: May 31, 2005 Estimated average burden hours per response...1

OMB APPROVAL

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTS

FEB 0 \$ 2003

RECEIVED

| SEC    | USE ON  | NLY    |
|--------|---------|--------|
| Prefix |         | Serial |
| DAT    | E RECEI | VED    |

1136418

Name of Offering ([] check if this is an amendment and name has changed, and indicate change.)

Filing Under (Check box(es) that apply):

[] Rule 504 [] Rule 505 [X] Rule 506 [] Section 4(6) [] ULOE

Type of Filing: [ ] New Filing [X] Amendment

### A. BASIC IDENTIFICATION DATA

03006100

1. Enter the information requested about the issuer

Name of Issuer ([ ] check if this is an amendment and name has changed, and indiciate change.)

VectorMax Corporation, formerly known as Good Stuff Technologies, Inc.

Address of Executive Offices (Including Area Code)

(Number and Street, City, State, Zip Code)

Telephone Number

4 Dubon Court, Farmingdale, New York 11735

(631) 694-7360

Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)

(if different from Executive Offices)

Brief Description of Business see attached

# **Brief Description of Business**

VectorMAX Corporation provides global Internet video and audio delivery technology and services that allow businesses, telecommunication providers, educational institutions, media companies and broadcasters to perform video communications and delivery on a live or on-demand basis. The Company's products are software programs that operate on standard low cost PCs and laptops, greatly simplifying the logistics and cost of Internet video delivery to small or large audiences.

| Type of Business Organization                   |   |
|---|---|
| [X] corporation                                 | [ ] limited partnership, already formed [ ] other (please specify):   |
| [ ] business trust                              | [ ] limited partnership, to be formed   |
| Actual or Estimated Date of Incorporation or Or | Month Year  Poration or Organization: [1]0] [9]8] [X] Actual [] Estimated ganization: (Enter two-letter U.S. Postal Service abbreviation for State:  CN for Canada; FN for other foreign jurisdiction) [1][L] |

#### **GENERAL INSTRUCTIONS**

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

## State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

#### A. BASIC IDENTIFICATION DATA

## 2. Enter the information requested for the following:

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

|                              |                                      | ez ta <sup>nder</sup> en az energyárát memokajáságáni és elementen a <sup>port</sup> el celesze mélleköltöstés |   |
|------------------------------|--------------------------------------|--|---|
| Check Box(es) that Apply:    | [ ] Promoter [X] Beneficial<br>Owner | [x] Executive<br>Officer   | [x] Director [ ] General and/or<br>Managing<br>Partner  |
| Full Name (Last name         | e first, if individual)              | nderstå film å kanningsker for en man som å film å den som film å film film film film film film en som som som | erit versenit Common metrolico i motoricologico del Politico por Politicologico del Politicologico del Politico |
| Maggiore, Domin              | ic                                   |  |   |
| Business or Residence        | ce Address (Number and Street,       | , City, State, Zip Coo   | le)   |
| 4 Dubon Court,               | Farmingdale, New York 1              | 1735   |   |
| Check Box(es) that Apply:    | [ ] Promoter [ ] Beneficial<br>Owner | [ ] Executive<br>Officer   | [X] Director [ ] General and/or<br>Managing<br>Partner  |
| Full Name (Last name         | e first, if individual)              |  |   |
| Kost, Ned                    |                                      |  |   |
| Business or Residence        | ce Address (Number and Street        | , City, State, Zip Coo   | le)   |
| 900 Ogden Avenu              | e # 222. Downers Grove.              | IL 60515   |   |
| Check Box(es) that Apply:    | [ ] Promoter [ ] Beneficial<br>Owner | [ ] Executive<br>Officer   | [ Director [ ] General and/or<br>Managing<br>Partner  |
| Full Name (Last name         | e first, if individual)              |  |   |
| Business or Residenc         | ce Address (Number and Street,       | , City, State, Zip Coo   | de)   |
| Check Box(es) that Apply:    | [ ] Promoter [ ] Beneficial<br>Owner | [ ] Executive<br>Officer   | [ ] Director [ ] General and/or<br>Managing<br>Partner  |
| Full Name (Last name         | e first, if individual)              |  |   |
| Business or Residenc         | e Address (Number and Street,        | City, State, Zip Coo   | le)   |
| Check Box(es) that<br>Apply: | [ ] Promoter [ ] Beneficial<br>Owner | [ ] Executive<br>Officer   | [ ] Director [ ] General and/or<br>Managing<br>Partner  |
| Full Name (Last name         | e first, if individual)              | ogenhalitet er verste er verste framge som verste fra de friende verk fra er et som er verste fram             |   |
| Business or Residenc         | e Address (Number and Street,        | City, State, Zip Coo   | le)   |
| Check Box(es) that           | [ ] Promoter [ ] Beneficial          | [ ] Executive  | [ ] Director [ ] General and/or   |

| Apply                                   | :  |  |  |   | Owne  | r   | Offic  | cer  |   |   | Managi<br>Partner  | -  |
|---|--|--|--|---|---|---|--|--|---|---|--|--|
| Full N                                  | ame (Las   | st name  | first, if ir                                 | ndividual   |   | ang Milanag at the reversible rest                  |  |  |   |   |  | assemble service and the second service service service services ( ) and ATA                                   |
| Busin                                   | ess or Re  | esidence   | Addres                                       | s (Numb   | per and                                       | Street, C   | ity, State   | , Zip Coo  | de)   |   |  | संक्रम्य कारणा विकास स्थापनी क्षेत्र कारणा विकास स्थापनी विकास स्थापनी विकास स्थापनी विकास स्थापनी विकास स्थाप |
| Chec<br>Apply                           | k Box(es   | ) that   | []Pro  | moter [   | ] Benef<br>Owne                               |   | [ ] Exe<br>Offic                                   |  | [ ] D   | irector [                                     | ] Genera<br>Manag<br>Partner   | ing  |
| Full N                                  | ame (Las   | st name  | first, if ir                                 | ndividual   | )   |   |  |  |   |   | od right and an annual control of the second and an annual control |  |
| Busine                                  | ess or Re  | esidence   | Addres                                       | s (Numi   | per and                                       | Street, C   | City, State  | e, Zip Co  | de)   |   |  |  |
| **************************************  | (1   | Use bla  | nk shee                                      | t, or co  | py and  | use add   | itional c  | opies of   | this she  | et, as ne                                     | ecessary   | ·.)  |
| *************************************** |  |  |  | В   | . INFOF                                       | RMATIO  | N ABOU   | r offer  | ING   |   |  |  |
|   | s the issu   | uer sold,  | or does                                      | the issu  | uer inter                                     | nd to sell  | , to non-a   | accredite  | d investo                                       | rs in this                                    | Ye<br>[  | s No<br>] [x]  |
|   |  |  |  |   |   |   |  | filing und   |   |   | <b>.</b> 1   | 000  |
|   |  |  |  |   |   |   |  | ny individ   |   |   | ــ \$<br>Ye  | s No   |
| 3. Do                                   | es the of  | fering pe  | ermit joir                                   | nt owner  | ship of                                       | a single i  | unit?  |  |   |   | [ X  |  |
| direct<br>conne<br>perso<br>the na      | ly or indirection with a continuity or age in a continuity or age in a continuity or a continu | rectly, and the sales of a book of a book of a broke | ny comn<br>of secur<br>roker or<br>r or deal | nission o<br>ities in tl<br>dealer r<br>er. If mo | or simila<br>ne offer<br>egistere<br>ore than | r remune<br>ing. If a p<br>ed with th<br>five (5) p | eration fo<br>person to<br>persons to<br>persons t | en or will<br>r solicitat<br>be listed<br>nd/or witl<br>o be liste<br>nation for | ion of pu<br>is an as<br>h a state<br>d are as: | rchasers<br>sociated<br>or states<br>sociated | s in<br>s, list  |  |
| Full Na                                 | ame (Las   | st name  | first, if ir                                 | ndividua  | )   |   |  |  |   |   |  |  |
|   | thouse   |  |  |   |   |   |  |  |   |   |  |  |
|   |  |  |  | •   |   |   |  | e, Zip Co  | de)   |   |  |  |
|   |  |  |  |   | <u>360, 1</u>                                 | lew Yor   | k. NY  | 10170  |   |   |  |  |
| Name                                    | of Assoc   | ciated B   | oker or                                      | Dealer  |   |   |  | . •  |   |   |  |  |
|   |  |  |  |   |   |   | to Solicit<br>)<br>[DE]<br>[MP]                    | Purchas<br><br>[DC]<br>[MxA]   | eers<br>[ <del>NL</del> ]<br>[MI]               | [<br>[GA]<br>[MM)                             | ] All S<br>[HI]<br>[MS]  | tates<br>[ID]<br>[MO]  |
| [MT]<br>[RI]                            | [NE]<br>[SC]   | [NV]<br>[SD]   | [NH]<br>[TXI]                                | [N\$]   | [NM]<br>[UT]                                  | [NXY]<br>[VT]                                       | [NĈ]<br>[VA]                                       | [ND]<br>[WA]   | [Q <del>[ </del> ]                              | [OK]<br>[WI]                                  | [OR]<br>[WY]   | [PA]<br>[PR]   |

1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box " and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.

| Type of Security                            | Aggregate<br>Offering Price | Amount Already<br>Sold |
|---|-----------------------------|------------------------|
| Debt  | \$                          | \$                     |
| Equity                                      | \$ 750,000                  | \$ 450,500             |
| [X]Common []Preferred                       |                             |                        |
| Convertible Securities (including warrants) | \$                          | \$                     |
| Partnership Interests                       | \$                          | \$                     |
| Other (Specify).                            | \$                          | \$                     |
| Total                                       | \$ 750,000                  | \$ 450,500             |

Aggregate

Answer also in Appendix, Column 3, if filing under ULOE.

2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under <u>Rule 504</u>, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."

| Accredited Investors                                     | Number<br>Investors<br>21 | Dollar Amount of Purchases \$ 450,500 |
|--|---------------------------|---------------------------------------|
| Non-accredited Investors                                 |                           | \$                                    |
| Total (for filings under Rule 504 only)                  | 21                        | \$<br>\$450,500                       |
| Answer also in Appendix, Column 4, if filing under ULOE. |                           |                                       |

3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.

| Type of offering                            | Type of Security | Dollar Amount<br>Sold |
|---|------------------|-----------------------|
| Rule 505                                    |                  | \$                    |
| Regulation A ,,,,,                          |                  | \$                    |
| Rule 504                                    |                  | \$                    |
| Total .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                  | \$                    |

4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.

| Transfer Agent's Fees                                | [x] \$o            |
|--|--------------------|
| Printing and Engraving Costs ,                       | [ ]\$500           |
| Legal Fees,  | <b>X</b> \$ 20,000 |
| Accounting Fees                                      | []\$0              |
| Engineering Fees                                     | []\$               |
| Sales Commissions (specify finders' fees separately) | [X]\$ 41,280       |
| Other Expenses (identify)                            | []\$               |
| Total  | []\$ 61,780        |

\$ 388,720

5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above.

Payments to

Form D

Page 7 of 10

| VectorMax Corporation ame of Signer (Print or Type)  Dominic Maggiore   | Title of Signer (President                                    | fint or Type)                                     |
|---|---|---|
| VectorMax Corporation   | ann   |   |
|   | ann   |   |
| suer (Print or Type)  | 1 1/1   |   |
|   | Signature   | Date /  |
|   |   | <del>, , , , , , , , , , , , , , , , , , , </del> |
| d under Rule 505, the following signature concurities and Exchange Commission, upon wron-accredited investor pursuant to paragraph    | institutes an undertaking by ritten request of its staff, the | y the issuer to furnish to the U.S.               |
| e issuer has duly caused this notice to be sig  | red by the undersigned du                                     | uly authorized person. If this notice is          |
|   |   |   |
| Total Payments Listed (column totals adde   | ed)   | [] \$388,720                                      |
| Column Totals   |   | []<br>\$100,000 \$303,720                         |
| Other (specify):  |   | \$\$\$<br>[] []                                   |
| Working capital   |   | \$\$ <u>88,720</u>                                |
|   |   | \$\$ <u>20,000</u>                                |
| pursuant to a merger)  Repayment of indebtedness  |   | [] []   |
| Acquisition of other businesses (including securities involved in this offering that may exchange for the assets or securities of all | y be used in<br>nother issuer                                 | []<br>\$\$  |
| Construction or leasing of plant buildings a  | and facilities  | []<br>\$\$  |
| Purchase, rental or leasing and installation and equipment  |   | []<br>\$\$  |
| Purchase of real estate   |   | []<br>\$\$_                                       |
|   |   | \$ 100,000 <b>\$ 180,000</b>                      |
| Salaries and fees   |   |   |

# E. STATE SIGNATURE

Form D

Page 8 of 10

| 1. Is  | any party descri | ibed in 17 CFR | 230.262 present | y subject to any of | f the disqualification |
|--------|------------------|----------------|-----------------|---------------------|------------------------|
| prov   | isions of such   |                |                 |                     |                        |
| 'مارہ' | ?                |                |                 |                     |                        |

Yes No

See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239,500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

| Issuer (Print or Type)         | Signature Date        | /  |
|--------------------------------|-----------------------|----|
| VectorMax Corporation          | 1/31/                 | 03 |
| Name of Signer (Print or Type) | Title (Print or Type) |    |
| Dominic Maggiore               | President & CEO       |    |

### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

## **APPENDIX**

| 1        | 2   |                      | 3  | 4                                    |  |                                    | Disguali | fication   |    |
|----------|---|----------------------|--|--------------------------------------|--|------------------------------------|----------|--|----|
|          | Intend to<br>to non-act<br>investors<br>(Part B-I | credited<br>in State | Type of security<br>and aggregate<br>offering price<br>offered in state<br>(Part C-Item 1) |                                      | Type of investor and amount purchased in State (Part C-Item 2) |                                    |          | Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1) |    |
| State    | Yes   | No                   |  | Number of<br>Accredited<br>Investors |  | Number of Non-Accredited Investors | Amount   | Yes  | No |
| AL<br>AK |   |                      |  |                                      |  |                                    |          |  |    |

| AZ | l i     |             | ľ  | 1              | 1 1  | 1            | !  | l :  | 1             |
|----|---------|-------------|--|----------------|--|--------------|--|--|---------------|
| AR |         |             | <del> </del>                                     | <del></del>    | 1  | <del> </del> |  |  |               |
|    |         |             | <del> </del>                                     |                | <del> </del>                                     |              |  |  |               |
| CA |         |             |  |                |  |              |  | <u></u>  |               |
| CO |         |             | <del> </del>                                     |                |  |              |  |  |               |
| СТ |         |             | <del> </del>                                     |                |  | <u> </u>     |  |  |               |
| DE |         |             | ļ <u> </u>                                       |                |  |              |  | i  |               |
| DC |         |             |  |                |  |              |  |  |               |
| FL |         | X           | Common stock                                     | 3              | \$108,000  | 0            |  |  | X             |
| GA |         |             |  |                |  |              |  |  |               |
| HI |         |             |  |                |  |              |  |  |               |
| D  |         |             |  |                |  |              |  |  |               |
| IL |         |             |  |                |  |              |  |  |               |
| IN |         | Х           | Common stock                                     | 2              | \$10,000   | 0            | -  |  | X             |
| IA |         |             |  |                | 1  |              |  |  |               |
| KS |         |             |  |                | 1  |              |  |  |               |
| KY |         |             | <del>                                     </del> |                | <del> </del>                                     |              |  |  |               |
| LA |         | <u> </u>    | <del> </del>                                     |                | <del> </del>                                     | <del></del>  | <del> </del>                                     |  |               |
| ME |         |             | <del> </del>                                     |                | <del> </del>                                     |              | <del> </del>                                     |  |               |
| MD |         | X           | Common stock                                     | 1              | \$10,000   | 0            |  |  | X             |
| MA |         | X           |  |                |  | 0            | <del></del>                                      |  | X             |
| MI |         |             | Common stock                                     |                | \$53,000   |              | -  |  |               |
|    |         |             | <del> </del>                                     |                |  |              |  |  |               |
| MN |         |             | ļ  |                | <del></del>                                      |              | ļ  | <del></del>                                      |               |
| MS |         |             |  |                | <u> </u>   | <del></del>  | <u> </u>   |  |               |
| МО |         |             | <u> </u>   |                | <b></b>  |              |  |  |               |
| MT |         |             | <u> </u>   |                | ļ  |              |  |  |               |
| NE |         |             |  |                |  |              |  |  |               |
| ΝV |         |             | <b></b>  |                |  |              | <u> </u>   |  |               |
| ИН |         |             | <u> </u>   |                |  |              |  |  |               |
| NJ |         |             | <u> </u>   |                |  |              |  |  |               |
| NM |         |             |  |                |  |              |  |  |               |
| NY |         | X           | Common stock                                     | 10             | \$256,000  | 0            |  |  | X             |
| NC |         |             |  |                |  |              |  |  |               |
| ND |         |             |  |                |  |              |  |  |               |
| ОН |         |             |  |                |  |              |  |  |               |
| ОК |         |             |  |                |  |              |  |  |               |
| OR |         |             |  |                | 1  |              |  |  |               |
| PA |         |             |  |                |  |              |  |  |               |
| RI |         |             |  |                | 1  |              |  |  |               |
| sc |         |             |  |                | 1  | <del></del>  | <b> </b>   |  |               |
| SD |         |             |  |                | 1  |              | <del>                                     </del> | <del>                                     </del> |               |
| TN |         | <del></del> | <del> </del>                                     |                | 1  |              | <b> </b>   |  |               |
| TX |         |             | <del> </del>                                     |                | 1  |              | <del>                                     </del> | <del>                                     </del> |               |
| UT | <b></b> |             | <del> </del>                                     |                | 1  |              |  | <del> </del>                                     |               |
| VT | <b></b> |             | <del> </del>                                     | <del></del>    | <b>-</b>   |              |  | <del> </del>                                     | <del> </del>  |
| VA |         | <b></b> _   | 1  | <del>-  </del> |  |              | <b></b>  | <del> </del>                                     | <del>  </del> |
|    |         |             | <del> </del>                                     | <del></del>    | <del>                                     </del> |              | <b> </b>   | <b></b>  | <del>  </del> |
| WA |         |             | <del> </del>                                     |                | <del> </del>                                     |              | <b> </b>   | <del></del>                                      |               |
| WV |         |             | <del> </del>                                     |                |  |              | <del> </del>                                     |  |               |
| WI |         |             | <del></del>                                      |                | <b></b>  |              | <u> </u>   |  | L             |